

**Rhode Island Department of Health
Office of Information Systems
User Assessment/Order Form for RISO Migration**

Date Received: _____

Ticket Number: _____

User' Full Name: _____ Login Name.Context: _____

(First Name MI Last Name)

If User is a NEW Employee: Start Date: _____

Contract or Temporary Employee?: ☐ Yes - Agency's Name: _____

Ending Date (if contract or temporary employee): _____

Is user using an existing PC?: ☐ Yes - Previous User's Name: _____

Transfer Previous User's licenses to User? ☐ Yes - Date left HEALTH: _____

☐ No

☐ No - Please select software - RI-Sail Appropriation Number to Charge Software to: _____

Key Administrator: _____ Date: _____

SOFTWARE INFORMATION

☐ Base Setup

*(includes Operating System, Word, Excel, Access,
PowerPoint, WinZip, Adobe Reader, IE, Groupwise,
MediaPlayer and Norton AntiVirus)*

☐ CuteFTP IP Address: _____

☐ Microsoft Project

☐ PowerTerm
IP Address: _____

Emulation: _____

☐ DreamWeaver MX

☐ ArcView GIS

☐ Adobe Illustrator*

☐ Adobe PageMaker*

☐ Adobe Writer*

☐ Adobe Photoshop*

☐ License 2000

☐ RI Sail - (bookmark from IE)

☐ GroupWise (only) - web access
*(Used with multiuser computers.
Will also need to purchase a Novell Netware
license)*

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Other Applications

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* Please Note: Adobe prices are subject to market and quantity pricing. OIS will charge accordingly.

User's agrees with selected software: _____ Date: _____

OIS ASSIGNED TECH ONLY

PC Information: Make/Model: _____ Pentium #: _____ MHz: _____ RAM: _____

State ID Number: _____

PC Serial Number: _____ Printer(s): _____

My Document Size: _____ MB GroupWise Archive Size: _____ MB

Comments: _____

OIS STAFF ONLY

Assigned Tech: _____ Initials: _____ Date: _____

Supervisor: _____ Initials: _____ Date: _____

Software: _____
